

FILED JUL 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22438

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5281 Registrar's No. 34

1230
1

WRITE, PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka rural</u>	
c. LENGTH OF STAY (in this place) <u>1 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>Madison Tp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Z A I D A R O S E M O N D T O O P S</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1951</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 30, 1903</u>	9. AGE (In years last birthday) <u>48</u>	# UNDER 1 YEAR	YEAR	IF UNDER 24 HRS.
					2	14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. COUNTRY OF WHAT CITIZEN? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Judley Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Belle Cashman Wilburn Toops</u>		14. NAME OF HUSBAND OR WIFE	
---	--	--	--	-----------------------------	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilburn Toops Kahoka, Mo.</u>			
---	-------------------------	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) _____				
	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) _____				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	----------------------------------	--	--	---	--

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clark, Mo.</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 14, 1951 12:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor upset, crushed her</u>
---	--	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>Perry S. Bottom D. Brown</u>	23b. ADDRESS <u>Kahoka Mo</u>	23c. DATE SIGNED <u>7-6-51</u>
--	-------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sand Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Francisville Mo.</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7/19-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Kahoka</u>
---	--	--

Date Received: JUL 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1329
Date Filed: JUL 23 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Oliver R. Sullivan

Signed.....
Student Embalmer

Licensed Embalmer No. *2945*

P. O. Address *Lurray Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.